

CRIMINAL HISTORY INFORMATION RELEASE FORM

ABI-46 (Revised 3-24-03)

MAIL REQUEST TO:

ALABAMA BUREAU OF INVESTIGATION
 IDENTIFICATION UNIT – RECORD CHECKS
 P O BOX 1511
 MONTGOMERY, AL 36102-1511

SECTION 1.Type or print legibly**(*) Required Information**

Last Name*

First Name*

Middle Name

All other names used*

Address*

City*

State*

Zip Code*

MM*

DD*

YYYY*

Social Security Number*

Race*

Sex*

SECTION 1.A.**AFFIDAVIT FOR RELEASE OF INFORMATION**

I do hereby for myself, my heirs, executors, and administrators release and forever discharge the Alabama Department of Public Safety/ABI and its officers and agents from any and all claims, actions, or causes of action, which may arise as a consequence of the release of the criminal history information.

I certify that I have read this release and that I understand the significance of the same and in witness thereof I have voluntarily signed my name on this the _____ day of _____, 20____.

Signature of Applicant *

Name of Witness (1)

Name of Witness (2)

Address of Witness

Address of Witness

City

State

Zip Code

City

State

Zip Code

Sworn to and subscribed before me on this _____ day of _____, 20____.

Signature of Notary Public

My Commission Expires _____, 20____

SECTION 2.

I am possessed of sound mind and legally competent to execute this release. I hereby authorize the Alabama Department of Public Safety/ABI to release any and all criminal history information to,

* Name & * Address of Receiving Agency, Applicant or Authorized Agent

* Signature & * Social Security Number of Applicant or Person to receive results

Date